

3763
PATENT

Docket: PD-0294 DIV

Date: May 28, 2003

In re the application of: Alfred E. Mann et al.

Serial No.: 10/062,838

Filed: January 31, 2002

For: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR
AND/OR VIBRATION ALARM CAPABILITIES**Mail Stop Non-Fee Amendment****Commissioner for Patents****P.O. Box 1450****Alexandria, VA 22313-1450****RECEIVED**

JUN 05 2003

Sir:

TECHNOLOGY CENTER R3700

Transmitted herewith are:

- Amendment in the above-identified application;
- Copy of the Information Disclosure Statement and Form PTO-1449 as filed on August 2, 2002;
- Copy of the return postcard dated August 2, 2002 showing receipt by PTO on August 13, 2002; and
- Return postcard.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	40	MINUS	40	=	-0-	x 9	\$	OR	x 18	\$-0-
INDEP CLAIMS	4	MINUS	4	=	-0-	x 42	\$	OR	x 84	\$-0-
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ 140	\$	OR	+ 280	\$
						TOTAL	\$	OR	TOTAL	\$-0-

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.

[] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Vivian S. Shin

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COPY

Serial No 10/062838 File No. PD-0294 DIV 8/2/02 Date Mailed 8/2/02 By: C. Pineiro
Title: External Infusion Device with Remote Programming,...

Client Name: _____

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☒ Transmittal of Information Disclosure Statement

☒ Form PTO-1449

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